CLAIMS ONLY

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

No.	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
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50						
TOTAL IND.	4					
TOTAL DEP.	7					
TOTAL CLAIMS	11					

No.	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS